

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/869804**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
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TOTAL IND.	1		1		3	
TOTAL DEP.		3		3		3
TOTAL CLAIMS	1	3	1	3	3	3

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		1		3		3	
TOTAL DEP.		3		3		3		3
TOTAL CLAIMS	1	3	1	3	3	3	3	3

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

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